

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000742

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 20

STATE FILE NUMBER

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>North Kansas City, Missouri</u> Length of stay in lb <u>1 wk</u>				c. CITY OR TOWN <u>Blue Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) <u>1001 Walnut St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>Erwin</u> Middle <u>D</u> Last <u>Curby</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>26</u> Year <u>1962</u>											
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-6-1908</u>		9. AGE (last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Plant</u>				11. BIRTHPLACE (City and state or country) <u>Blue Spring, Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Daniel Curby</u>				13b. MOTHER'S MAIDEN NAME <u>Georgia Schrou</u>				14. NAME OF HUSBAND OR WIFE <u>Dorothy Curby</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				17. INFORMANT Address <u>Mrs. Dorthy Curby-Blue Springs, Mo.</u>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion with</u> <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>7 days</u> DUE TO (c) <u></u>												INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE							
21. I attended the deceased from <u>8-6-18-62</u> to <u>1-26-62</u> and last saw him alive on <u>1-26-62</u> Death occurred at <u>AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>James H. Shillineau MD</u> (Degree or title)				22b. ADDRESS <u>Liberty Mo</u>				22c. DATE SIGNED <u>1-26-62</u>							
23a. BURIAL (Specify removal, cremation)		23b. DATE <u>1/26/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem</u>		23d. LOCATION (City, town, or county) <u>Blue Springs Mo</u>		(State)							
24. FUNERAL DIRECTOR <u>Webb Funeral Home</u>		ADDRESS <u>Blue Springs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-62</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Judgins</u>									

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

FEB 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William Irwin

Licensed Embalmer No. 4732

P. O. Address Blue Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.